Covered Services

The services below are covered by all Managed Care health plans. Some services are limited based on your age or eligibility group and other services may be available depending on your needs. Work with your provider to see if the service you need is covered.

Service	Coverage
24-hour access by phone	Covered
Ambulance	Covered
Ambulatory surgical center and birthing centers	Covered
Asthma	Covered*
Behavioral health and substance use disorders (including emergency)	Covered
Chiropractic services	Covered*
Complementary health and alternative therapy for chronic pain	Covered*
Management services	Covered
Comprehensive day rehab (recovery from serious head injury)	Covered*
Diabetes education and self-management training	Covered*
Diabetes Prevention Program (DPP) Services	Covered*
Dental services	Covered*
Durable Medical Equipment (DME)	Covered*
Emergency medical and post-stabilization services	Covered
Family planning services	Covered
Habilitative services	Covered*
Healthy Children and Youth (HCY) services. Examples include: • Physical exams • Immunizations (shots) • Testing lead levels in blood	Covered

Service	Coverage
Hearing aids and related services	Covered*
Home health services	Covered*
Hospice (if you are in the last 6 months of life)	Covered*
Inpatient/outpatient services	Covered
Laboratory tests and x-rays	Covered
Maternity services	Covered
Personal care	Covered
Pharmacy	Covered through MO HealthNet Fee-For-Service
Preventative care, including: • Well checks • Mammograms • Cancer screenings	Covered
Podiatry (medical services for your feet)	Covered*
Primary care provider services	Covered
Specialist care (with your provider's referral)	Covered
Therapy services (physical, occupational, and speech)	Covered*
Tobacco cessation counseling	Covered
Transplant related services	Covered
Transportation to medical appointments	Covered*
Treat No Transport services	Covered
 Local health department services, including: Immunizations (shots) Screening, diagnosis and treatment of sexually transmitted diseases, HIV, tuberculosis and lead poisoning 	Covered
Vision	Covered*

^{*} Limited benefit. Refer to health plan handbook for more information.